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## A TREATISE ON THE CAUSES, CONSTITUTIONAL EFFECTS AND TREATMENT OF UTERINE DISPLACEMENTS.

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[Communicated for the Boston Medical and Surgical Journal.]

The following is not intended to be a comprehensive treatise on uterine displacements. Its object is to present to others certain practical views of the writer with regard to the causes of these affections, and the means of treating them which experience has taught him to be most efficacious. For neither of these does he claim the merit of originality; but he thinks that where certain of the causes which he lays down as important have been entertained by others, they have not been properly appreciated, and consequently methods of treatment based upon them have been too much slighted, if not entirely overlooked.

It has been the aim of the writer rather to make these remarks suggestive, and to avoid anything like dogmatical assertion, feeling confident, from the results which have occurred under his immediate notice, that others will, upon fair examination and experiment, not differ very greatly from him as far as he goes, and hoping that by pursuing the same path they may attain to still greater light and achieve further advantages in the treatment of these important, and now too common affections.

To exhibit more particularly the results just mentioned, it was at first intended to give cases in illustration; it was found, however, that they did not differ greatly, even in the details, and they would have added very materially to the bulk of the treatise. For the same reason reference to and quotations from authorities, whether in support of or in contradiction to the text, have been indulged in to a very limited extent.

### ANATOMICAL AND PHYSIOLOGICAL CONSIDERATIONS.

An examination into the anatomy of the appendages of the uterus, and into the relations of that organ with the surrounding ones, will at once relieve us of any surprise that it should be, of all the various viscera of the human body, the one most liable to displacement. Itself dense and unyielding, mounted upon the extremity of a thin musculo-membranous tube; with nothing solid beneath to sustain it; with no immediate lateral attachments to hold it in place; with the whole contents of the abdomen directly above, gliding so readily upon each other as to convert the pressure they exert, for all practical purposes at least, into

a powerful hydrostatic one—considering the subject in a purely mechanical point of view, we would be surprised that a dislodgment of the uterus from its normal situation, upon the slightest assistance given to the forces apparently continually at work, should not be the rule, and those cases where it resists these influences be the exception, in the history of woman's health.

It is true that in descriptions given of the anatomy of the organ, it has been, from the earliest periods down to the present day, described as held in its situation by certain ligaments (Meckel J. Fred. Handbook of Anat. viii. §241]—as being bound by the peritoneum [Winslow, Exposition Anatomique, t. iii., 767]—as being also defended from pressure above by that membrane [Boerhaave, Institutiones Medecina, 1720]. A reference however, to the arrangement and relation of the parts, will, we feel, be convincing that these ligaments and these peritoneal attachments can have very little of the supposed influence in preserving the organ in its proper site. Let us, then, give them an examination, for we are of opinion that, even at this early period of our investigations, we will detect one of the frequent and fundamental errors upon which is based much of the treatment now used in contending with uterine displacements.

These ligaments are described as the round ligaments—the lateral or broad ligaments—the inferior anterior and the inferior posterior ligaments. Of each of these there are two in number.

The round ligaments passing from the fundus of the uterus, just in front of the junction of the Fallopian tubes with the organ, to be expanded upon the pubis, can surely have no influence in keeping the womb from sinking downward into the pelvis, for their course practically considered does not depart much from the horizontal plane—evidently not enough to allow us for a moment to think that the uterus is *dependent* from them.

The broad ligaments, passing off laterally from the fundus, seem to lack two essentials for giving the necessary support—a point d'appui to which to attach themselves, and a sufficient tenseness between their outer extremity and the uterus.*

The anterior and posterior ligaments have scarcely that name allowed them by many anatomists, but are often described as simple folds of the peritoneum into which it, as any pliant membrane or cloth thrown over several rotund bodies would do, arranges itself in hanging across the depressions between them—from the apex of the one to those of the others.

It is true that beneath, or lining the outer side of the peritoneum and attaching it to the uterus, there is a denser and more resistant layer of fibres described by Madame Boivin [Memorial de l'Art des Accouchements, Paris, 1824], as the "Tunique utero-sous-peritoneale," which undoubtedly does exert some power in protecting the organ from great and sudden displacement. But even this is too lax—not sufficiently tense to preserve it perfectly fixed, and certainly not sufficiently enduring in its resistance to prevent it submitting in time to any disturbing influence per-

* An accidental reference to Astruc gives full confirmation by that author of our views as regards the amount of support furnished to the uterus by the round and the broad ligaments.

sistent in its action. Any one, who has ever had an opportunity of experiencing the effect of the patient coughing, when undergoing the *touch*, upon the uterus, will, we feel confident, agree with us in the main in the above proposition. In such cases, even, where there is no tendency to prolapsus, the organ, at each exertion or spasm of the diaphragm, is thrown downwards violently, and to some distance—returning immediately the exertion is over, to its proper situation.

If then we are called upon to say what does preserve the uterus in situ—what enables it to resist the downward pressure of all the moveable contents of the abdomen, not only weighty in themselves, but, by their mobility and that of the walls that enclose them, in front exerting a depressing force duplicating several times their weight alone—we must state, that, in our belief, it cannot be solely the loosely-attached and tenseless expansions and membranous folds called the ligaments of the uterus, but, that that force, termed appropriately (by the French first, we believe) *vital tonicity*, has a very great share of the work. By those who look at all the physical forces as purely mechanical, this will seem a mere fancy ; but to others, who believe that in addition to the varied and beautiful machinery of the animal frame there is still something more necessary in order to preserve that harmony between its many parts, which must endure to greater or less degree for some three score years—to those who feel that it is not owing to its main strength and the toughness of its fibres alone that the aorta does not burst or the overstrained muscles snap, our proposition, we are confident, will not seem wholly unsupported.

We do not, however, introduce this proposition here, merely for the sake of a theory, upon which to speculate. We believe, as we have just said, that an exclusion of the consideration of, and a want of proper estimate of, the influence of this vital tonicity, has induced many physicians to look upon uterine displacements too much in a simply mechanical point of view, and to shape their remedies accordingly. The consequence has been, that local causes have been too much insisted upon as accounting for the origin of these affections, and pessaries and abdominal supporters have been too much relied upon in the treatment of them, to the disregard of remedies intended to restore the health generally and to give tone to the system at large. But we will speak more fully upon this presently.

### THE VARIETIES OF UTERINE DISPLACEMENTS.

The displacements to which the uterus is subject, are as follows :—

*Elevation.*—An unnaturally high position of the organ, in which its tendency is to mount out of the pelvic cavity into the abdominal.

*Prolapsus.* (Synonymes—Pysteroptosis, Exometra, Procidentia uteri, Chute de la matrice, Falling of the womb.)—As the word indicates, a slipping down of the organ from its natural position.

*Anteversion.*—A turning over of the womb, with its fundus forward.

*Retroversion.*—A similar turning over, but with the fundus backward.

*Obliquity* of the womb.—An inclination of the organ to one side or

to the other of the pelvis, the variety being specified by the position of the fundus.

The last condition may accompany either of the two preceding, and either of the last three may also be attended by either of the first two—elevation or prolapsus.

Lastly, the uterus may form the contents of a hernial sac, and thus be protruded into or beyond the walls of the pelvis or abdomen at any of those points at which protrusions of the contents of these cavities occur.

### *Elevation of the Uterus.*

Elevation, of all these displacements, is the rarest excepting hernia, and indeed never occurs as an affection of itself, but is always the result of some other condition or disease of the uterus or of some neighboring organ. Thus, in pregnancy during the middle months, the organ rises higher than it is habitually at other times. For at an earlier period its weight, favored probably by the state of the system generally, first tends to settle it down—but, as it becomes too large for the pelvis, it rises out of it, and the os tincæ is found further from the os externum than at any other period. Again, during the latter months, the weight of the fœtus presses it down once more. Thus explained, elevation cannot be considered a pathological state.

The morbid condition that generally accompanies elevation of the uterus is most frequently some tumor, either of the walls of the organ or attached firmly to it. The growth of such an attachment we can readily see might raise the uterus with it mechanically, in finding for itself a space for increased development above the brim of the pelvis.

A striking instance of this condition we found in a patient, some 45 years of age, who had a fulness and hardness at the lower part of the abdomen, evidently some morbid growth. The only trouble that it caused her was, that it would sometimes suddenly disappear, and immediately, as she expressed it, her lower limbs would fall asleep and require her to sit down. Very soon she would feel something rise into the abdomen again with a sudden jerk, and all would be right. Dying of an acute disease, we made a post-mortem examination of the body. In addition to the disease that caused death, we found the uterus, with a large fibrous tumor attached, riding habitually above the brim of the pelvis, far higher than the natural position of the organ ; but the shape of the mass was such, that by a slight adjustment it would pass down into the cavity below and fill it so compactly as to compress the nerves passing along its walls, and thus cause the symptoms just described.

This displacement is not characterized by any symptom peculiar to it, nor indeed should we look upon it as an affection proper to the organ, but only as an accidental condition attending another affection. Of course, for the reason just mentioned, no special treatment can be adopted for it, and with this notice we dismiss all further consideration of it.

### *Prolapsus Uteri.*

As the displacement just mentioned is one of the rarest of all those

to which the uterus is subjected, this, on the contrary, is by far the most frequent in occurrence.

*Condition of the Parts.*—Under the general term prolapsus, we include several degrees of descent of the organ—to each of which some writers, unnecessarily we think, give separate and distinctive names.

So far as the position of the organ is concerned, the disease exhibits itself in three well-marked phases or degrees. In the first, we scarce find any great departure from the normal type. The os tincæ is more readily reached than commonly, apparently from a simple shortening of the vagina upon itself; and it seems to project a little more than it should into the extremity of this tube—the groove or depression between the neck of the uterus and walls of the vagina being slightly exaggerated in depth. Otherwise the organ is not appreciably altered in situation, nor is it in size or other particular. Astruc asserts that this condition exists habitually in women who have borne children, and it is this degree to which prolapsus may take place in the earliest months of pregnancy. The organ becomes a little heavier, and—not owing to that circumstance solely, but availing itself of some want of tone in the general system, caused, say, by the exhausting effects of nausea and vomiting and other disturbance of the general health incidental to that state—it sinks down slightly, and there remains until its increased size causes it to wedge itself out of the pelvis again, and support itself against the brim of that cavity.

As the effect of this cause, this degree of prolapsus cannot be called a pathological condition, any more than can the elevation existing during the middle months of pregnancy. But even when it is truly a disease, for practical purposes it cannot much interest us, because it is seldom detected—probably never except accidentally. There are possibly no attendant symptoms advising us of a departure from the healthy type, or these are so slight as not to attract attention. It is therefore more as a stage of the disease than as of importance in its treatment, that this condition is mentioned.

In the next degree the peculiarities of the last become exaggerated. The os tincæ approaches more nearly to the os externum. The body of the uterus is situated entirely, or almost so, within the vagina, which has now become turned wrong-side-outward upon itself, to permit this descent into its cavity. Still later, the pear-shaped organ, favored by its wedge-like configuration, forces itself downward, and at last is found lying almost horizontally upon the floor of the perineum. This is the degree in which the disease first urges itself upon the attention of the patient by the severity of the attendant symptoms, and calls imperatively for aid from the physician.

In this stage an alteration in the position of the organ is not the only morbid condition affecting the parts. The uterus itself, if not primarily so, soon becomes engorged, tumefied and hardened, always tender, and frequently highly sensitive—conditions often precursors to a state of chronic inflammation of the organ, attended by unceasing and severe suffering—and always accompanied, as are also often the others, with more or less leucorrhœa.

The walls of the vagina are also unnaturally lax and flabby, doubling

before the finger when inserted into it, oftenest bathed with a profuse flow of mucus, mingled with the discharge from the uterus—but sometimes, on the other hand, participating in the excited state of the chief organ, and offering a dry rugose surface, highly sensitive to the touch and of a deep red color.

In the last stage, or highest degree of prolapsus, the uterus is protruded from the external parts. It is then, of course, covered with the walls of the vagina which it has carried along with it. These, as may be readily conceived, are at first irritated and inflamed by their unwonted exposure to the air, and by contact with the urine and with the neighboring surfaces—and, if not speedily relieved by a discharge of mucus so as to unload their distended vessels, become highly tumid and exquisitely sensitive. The displaced organ participates in this condition generally, but is, besides this, still further engorged by the obstruction presented to a return of its venous blood through the vessels now compressed and embarrassed by their unnatural relations to the parts behind. This primary stage passing off, either from the topical application of remedies directed against the most urgent symptoms, or from some rallying effort of nature, the exposed mucous membrane thickens, becomes less sensitive, and assimilates itself to the external integuments, as is the case in similar exposures of it from accidental causes, in other parts of the system. The uterus, too, though remaining hardened and enlarged, abates somewhat of its irritability, and measurably adapts itself to its new condition.

During the descent of the uterus from its normal position, the contents of the abdomen participate in the change and assume new relations with regard to each other. The urinary bladder, the cæcum and the rectum, are too rigidly confined to change in general very much their positions, but the concave dish formed by the peritoneum, as it falls from one side to the other of the pelvis, and from the anterior abdominal walls over the fundus of the bladder and of the uterus, to attach itself to the neighborhood of the last lumbar vertebra, is deepened in its concavity—the rounded elevation in it, formed hitherto by the fundus of the uterus, disappears and gives place to a depression, which is sometimes partly filled by the posterior wall of the bladder sinking backward for want of its usual support, but still more by the rectum almost habitually distended in these cases with retained and hardened fæces. If these do not suffice, a fold or two of the small intestines finds a resting place in the new depression, and their former situation is filled in turn by a general subsidence of the abdominal contents.

These last particulars may be by some considered of not sufficient importance to receive mention here; but they are, nevertheless, a part of the history of the disease, and, as slight as they seem, we still believe, that, to them, at least while the affection is recent, most uncomfortable symptoms attending it may be attributed. We say, while the affection is recent, for every practitioner who has had much experience in these diseases must have noticed how, apparently inexplicably, some of the most distressing sensations attending them often lessen while the affection itself is not ameliorated.

Some cases are on record where the uterus has not only been protruded, but actually become dependent—in more than one, as far as the knees. In these the cavity behind the organ contained some of the small intestines, the Fallopian tubes stretched to their utmost, and even the bladder wrenched, for the most part, from its anterior attachments. Such cases are very rare, and cannot be looked upon so much as instances of prolapsus uteri, as of some constitutional peculiarity or original defect in construction, permitting this large hernia through the infra-pelvic strait.

[To be continued.]

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## MALIGNANT TUBERCLE.

*To the Editor of the Boston Medical and Surgical Journal.*

Sir,—The sudden and unexpected death, at Washington, of Hon. Mr. Rantoul, the representative from Essex South (Mass.) Congressional District, has brought to my recollection several cases of death from a disease which I believe to have been of the same character. The following is the newspaper account, from the Boston Post, which I have taken from the Salem Gazette.

"*Death of Mr. Rantoul.*—On Sunday evening last, the friends of Hon. Robert Rantoul, Jr., in Beverly, received the melancholy intelligence of his sudden and unexpected decease. The particulars of this painful event are as follows, derived from the Boston Post, of yesterday morning, dated at Washington, on Sunday:

'Hon. Robert Rantoul, Jr., died last evening. He was in his usual health up to Monday, the 2d inst., and had been for some days previous to that time engaged in laborious investigation on the matters in dispute between Great Britain and the United States growing out of the northern fisheries. At this time he had upon his forehead what he considered a small boil, which did not attract attention nor prevent his being in the house on Monday or Tuesday. On Wednesday morning, at breakfast, considerable inflammation, of an erysipelatous character, was noticed around the boil, and he was accordingly prevailed upon to remain in his room and procure medical advice. During the remainder of Wednesday and Thursday the disease made no perceptible progress. On Thursday a despatch was sent, informing Mr. Rantoul's family of his illness. On Friday morning he conversed freely with me, and appeared much better, and expected in the course of a day or two to resume his duties in the house. On the evening of Friday he became much worse, the erysipelas spreading over the whole face, and his brain being also somewhat affected. On Saturday morning Mrs. Rantoul arrived. Mr. Rantoul knew her perfectly, and made many inquiries of her, though his mind continually wandered. On Saturday evening an effusion took place, one side of the body became paralytic and much swollen, with inability to speak. From this time he sunk rapidly, and expired at half past ten o'clock on Saturday evening.'"

The term erysipelas but poorly expresses the nature of the disease. It is more properly called malignant pustule. Its essential character seems to be a virulent poison, generally from contact with animal matter introduced into the blood, producing a high degree of "irritative fever," one of the numerous names of this affection. Dissection wounds, and their effects, are a common exemplification of the condition to which I allude.

During the last thirty years, I have been in the habit of seeing this affection every few years. It occurs among the workmen in green hides,

as curriers and tanners; among the "lumpers," or men employed in unloading vessels laden with hides, and is then usually imputed to the bite of a centipede, or of some other insect peculiar to South America.

A small pustule first appears, with a hardened base. An intense itching first calls attention to the part, which becomes intensely injected, and exhibits an areola of deep purple color. For twenty-four hours, or perhaps more, but little attention is called to the place, which is gradually growing harder and more tumid. By the third day after observation is attracted to the part, febrile symptoms begin to appear; chilliness and shiverings announce the contest with the enemy within, the circulation is disturbed, the pulse quickened, the movements of the heart particularly are hurried and painful. The nervous system is disturbed—the sleep unquiet—and delirium, more or less marked, at length follows. The pustule usually appears about the face or neck, often upon the epithelium of the lip; the swelling passes down the chin, spreads upon the neck, passes up to the ears and temples, affecting the parotid gland. By this time it acquires the name of phlegmonous erysipelas. The original pustule emits, on pressure, a thick pus, and shows a central slough, or "core," seen through many minute ulcerations, like carbuncle, by which name it often passes. Suppuration occurs in various parts of the cellular membrane, and small abscesses on the neck, chest and even the extremities, require opening. Internal organs now begin to suffer, apparently from tumefaction. The respiration becomes hurried and short, the pulsations of the heart violent and extremely rapid, and a comatose state supervenes. When recovery takes place, it is usually after the discharge of pus from internal or external abscesses, when the febrile symptoms gradually abate, and the patient slowly recovers.

Case I.—Mrs. E. had a small spot appear on the epithelium of her under lip. At the expiration of about a week, I visited her, Feb. 18th, 1852. I found the lip excessively tumid, dark colored, covered within the mouth with fibrinous exudation, and presenting on the outside the appearance of carbuncle. A free crucial incision was made in the lip, followed by no marked benefit. The tumefaction and the redness continued to extend, covering the anterior part of the neck and the thorax. Matter and indurated portions of dead cellular tissue were discharged from the incisions in the lip and minute perforations in its interior, the frequency of pulse augmented, from day to day, restlessness increased, delirium supervened, on the 23d she miscarried at six months, and on the 24th she died, exhausted, without flooding.

Case. II.—Miss ———, a robust country girl, tending shop for a fruiterer, June 16th, had an attack, which was almost a repetition of the symptoms of the last case, except that she recovered. She had a small spot on the epithelium of the lip, to which she kept her teeth continually applied. On the day on which I first saw her, the local symptoms were very slight, and the constitutional ones severe. She had been to the store on the day I first saw her. She then had tumefaction of the lower lip, with orifices like pin holes discharging pus and fibrinous substance; great commotion of the whole system, with febrile symptoms and great lassitude and depression of strength. The nutritive, the nervous, the

vascular and the respiratory systems soon became deranged, and the symptoms seemed approaching a fatal result. Small depots of pus appeared about her chin and neck, which were discharged by opening with a lancet; difficult and somewhat stridulous respiration, and loss of voice, was relieved by a spontaneous discharge of pus into the bronchi, and to show how much the poison pervaded the whole system, a small abscess formed upon the thigh. After this, the symptoms gradually abated, and by the 12th of July the patient was able to be carried to the country in the cars.

Case III.—On the 29th of October, 1850, I visited an Irishman, of previous good health and temperate habits, with a sore on the chin, looking like an abrasion with a margin of vesication. He had left off his work as a journeyman currier, at which he had been employed for more than a year, the day before, on account of constitutional disturbance, of a febrile character. The margin of the sore was very hard, purple and hot. The tumefaction and induration of cellular membrane rapidly extended, without the least abatement, during the five following days. The whole front of the neck became turgid, the eyes nearly closed, the cheeks and parotid glands distended, and at the period of death it had reached the clavicles. No suppuration evinced itself in any spot of the swelling. The pulse grew fearfully rapid, the respiration hurried, the heat of the skin was intense, the mind wandered during the last three days, and death took place on the fifth day of my attendance.

Case IV.—Some years since I visited, in consultation, a patient in the country, of whose case I have kept no record, much like the foregoing, except that it eventuated in recovery by suppuration. A lad of 17, employed as a tanner's apprentice, had been employed in skinning a cow which had died after calving. A pustule appeared in his neck, and when I saw him, greatly distended the skin on the side and posterior portion of his neck. He had intense febrile commotion, and I prognosticated a fatal result. He recovered, with extensive cellular abscesses.

Case V.—On the 2d instant I visited, in consultation, in the country, a boy of 15. He had been attacked ten days before with sensations of weakness and *malaise*, for which he knew no cause. At the same time he had a pimple on his lip, near the mouth, which attracted but little attention. At the end of a week this had attained to the usual indurated and dark-colored phlegmonous appearance, with a small quantity of thick pus surrounding a central portion of indurated, fibrous matters, forming an irregularly-shaped core to the pimple. The discoloration, now spreading over a large surface, gave the case the name of erysipelas. When I saw him, about the tenth day, I recognized the usual symptoms of malignant pustule, and the near approach of death. His respiration was labored, with obscure coarse râles in the back; his strength was nearly gone, although he lay with his clothes on, not having been willing to think himself sick enough to go to bed. He had slight delirium—that is to say, an inability to direct the powers of mind, and total want of the power of appreciating his condition; involuntary dejections, and rapid and feeble pulse. He died on the same night. I was unable to trace his case to the contact of impure animal matter, un-

less it might be from a distemper, six weeks before, among the cows on the farm, which gave them ulcers upon the udders, from milking of which he had received sores upon the hands.

The cause of this fatal affection I have always imputed to a morbid poison, locally applied to the body and circulated with the blood. It almost always appears on the lower part of the face, or the neck, although I have seen it upon the arm and the hand. I know of no remedies which can be depended upon to remove it, at the usual period at which it is brought under our notice. Those medicines which procure evacuations from the skin, kidneys and mucous membrane, the great emunctories of the system, by which the useless and hurtful particles, circulating in the fluids, are eliminated, have seemed to me most appropriate. The spirits of turpentine, in doses of half a drachm, in mucilage, every two or four hours, gives relief as a purge, by removing flatus without exhausting dejections. Carbonate of ammonia in doses of five or six grains, every four hours, in some carminative draught, tends to relieve the respiration. Opiates are required for diarrhœa and restlessness, and a free use of cordials and liquid nourishment is generally indicated. As a local application, in the commencement of the disease, the nitrate of silver, very freely applied, has the best reputation, and never should be omitted. The disease is sometimes brought to a stand at once, by the action of this remedy upon the absorbents. Of course its application must be made before the circulating fluids have been contaminated, at which point we are rarely called to treat the disease.

Case VI.—During the present summer, a lad employed about the wharves, called on me with a pimple on the lower lip, near the angle of his mouth. It had a pustule as big as a pin's head at top, and a hard, purple, swelled base. It had pungent, painful itchiness, and he was sensible of not feeling quite well. I removed the matter in the pustule, thrust in a piece of nitrate of silver, and applied the same over a couple of square inches of the skin. On the next day but one he called again, when I found the pain, hardness and swelling removed, and the lad restored to his usual vivacity. I had no doubt this case was a commencement of malignant pustule.

Among the soothing local applications, I think a solution of acetate of lead, with a small quantity of laudanum, the best application. Diluted alcohol, also, is an application agreeable to the sensations of the patient, and tends to relieve the "diffusive inflammation."

Every practitioner, in this part of the country, engaged in surgical practice, must have observed that suppurative affections, such as paronychia and phlegmon, have been more common for these two years past. Owing to the same cause, I think it is, that we have seen more of this terrible disease, which has been usually denominated malignant pustule.

I have sketched these remarks, Mr. Editor, *currênte calamô*, in hopes of giving some useful hints, and of calling the attention of other observers to this peculiar affection. A. L. Peirson.

*Salem, Aug.* 14, 1852.

## EXPERIMENT WITH THE NEW ORLEANS BATTLE-GROUND CROCODILE.

BY SAMUEL A. CARTWRIGHT, M.D., N. ORLEANS, LATE OF NATCHEZ.

[Communicated for the Boston Medical and Surgical Journal.]

PROGRAMME *of an Experiment with a Crocodile.*—Do nothing more than tie the trachea. The animal will fall into asphyxia in ten minutes, unless the air-sacs of the lungs are very full of air. In that case it will live longer, and be heard breathing the air within the chest. At any rate, the want of oxygen and the retention of carbonic acid will kill the reptile in less than an hour. In an hour and a half muscular irritability will be totally destroyed. The heart may palpitate a few hours longer. Any or all of the physicians in the city shall have full liberty to use any means to bring the animal to life if they can, or to extort from it by any kind of torture, a single phenomenon of vitality, by any other means than insufflation of the lungs.

*Persons present to witness the experiment.* Two ministers of the gospel, of great learning and high standing; two professors of the Louisiana University—Professor Riddell of the chair of Chemistry, and Prof. Jones of the Theory and Practice; eight practising physicians of the city of New Orleans—viz., Drs. Dowler, Copes, Nutt, McCormick, Hale, Reynolds, Coit and Weatherly. Mr. Chaille, house student of Charity Hospital, was appointed secretary to keep the minutes.

Length of crocodile, 6 feet 1 inch; circumference, 21 inches; mouth, 13 inches, containing 86 sharp-pointed teeth.

At 25 minutes after 10 o'clock the trachea was tied. Much scuffling with the animal to secure it for the operation. Could be heard breathing after the ligature of the trachea, supposed to be the air contained in the air sacs. At 20 minutes past 11 (less than an hour after the ligation), the animal was given over to the physicians present, to extort a single symptom of life from it if they could. They cut, pinched, burnt, tore and lacerated its flesh, skin, membranes, viscera, vessels and nerves, in almost every way, but could produce no manifestations of life. Dr. Dowler tried fire, hooks and forceps on the bare nerves and flesh, without those effects he had been accustomed to show. Muscular irritability was totally destroyed in every muscle and fibre, except the heart, in less than an hour and a half from the ligation. The heart maintained some irritability until nearly 2 o'clock. Inflation of the lungs was attempted an hour and a quarter after the trachea had been tied, and after it was found that no dissection and exposition of the viscera to the action of the air could restore animation, as some of those present expected it would do. But it was found that the lungs had been cut into and too much lacerated to hold the air blown into them. The large bloodvessels had been wounded, and most of the blood in the body had run out. The attempts at insufflation had no other effect than that of increasing the action of the heart from 25 to 32 pulsations in a minute. The unanimous verdict, of those present above mentioned, was that the crocodile came to its death in less than an hour, by the simple ligation of the trachea. Most of those present well knew that these animals will live many hours, or even

a day or more, with their heads cut off; and some testified that they would live equally long after their hearts were cut out. After most of the gentlemen had retired, Dr. Weatherly, in prosecuting the dissection of the dead crocodile, discovered two lymphatic hearts, each about an inch long and two thirds of an inch in breadth.

*Remarks.*—The above are the details of the experiment of the 18th of June, instituted to prove that tying the trachea will kill these reptiles so dead, in less than an hour, that all the doctors in christendom cannot extort from them a symptom of life without inflating the lungs. I had intended to have resuscitated the animal, and to have made it talk a little Hebrew to the divines, telling them that the air is the breath of life, and that the life of the flesh is in the blood, as Moses said it was; but I was disappointed in consequence of the lungs having been too much torn to hold air, and too much blood had been lost to succeed with that part of the experiment. Too much time had also been lost in convincing the incredulous that the crocodile was really dead, and was not *playing possum*, as it is called. I took occasion to point out to the divines, professors and physicians, that the lungs of the crocodile are composed of large sacs, capable of holding a great supply of air; the sacs themselves being composed of membranes interlaced with a beautiful net-work of arteries and veins. These sacs, when distended with air, answer the same purpose to these reptiles that diving bells do for man, enabling them to remain for a long time under the water without coming to the surface to breathe. I did this, because I had understood that Prof. Ely would contend that atmospheric air could have no agency in circulating the blood, because these animals can remain a long time under water without rising to inspire the external air—the professor forgetting that they take with them a sufficient supply to propel the blood until it becomes exhausted. It is also perceived, from the bubbles on the water in which they lie, that they are ever and anon expelling carbonic acid—the poison which is the chief agent in killing them so quickly when the trachea is tied. The chelonians and batrachians are not so readily killed by this method, owing to their excreting large quantities of carbonic acid by their skins.

Although Dr. Dowler had just written a paper, for publication in the July No. of the New Orleans Medical and Surgical Journal, setting forth, in its title, that tying the trachea would not cause death, and some copies had already been struck off, he, like a man of true greatness, went to the press after he had witnessed the above-mentioned experiment, and had that portion of his article stricken out. He thus gave up the position he had assumed as soon as he was convinced of its incorrectness, and is at present *hors du combat* unless he chooses to assume some other. But the experiment was performed too late to arrest the blow from Prof. Ely. The avalanche was loosened and was already descending. His criticism had gone to the press, and was ready to appear on the 1st of the present month in the New Orleans Medical and Surgical Journal, and appeared accordingly; introduced to the notice of the profession by the learned and amiable editor of that popular Journal in the following words—"Article 8th, on the motive power of the blood, by Dr. Ely, is

a master-piece of logic and severe analysis. It utterly demolishes the so-called Willardian theory, and leaves scarcely a wreck behind. If any enthusiast can command the moral courage hereafter to uphold this vision of the brain, he will be compelled to rest his postulate on a sandy foundation. Dr. Ely has ended the farce. His paper is a model for argument and that scathing criticism which many may try to imitate, but few can excel."—(Page 134, July No.) In justice to Dr. Hester, it is proper to say, that when he issued this bulletin of victory, he thought a victory had been won, and he was only chronicling the auspicious event. He had not heard of the experiment with the battle-ground crocodile on the 18th of June, and did not know that *la grande dragonne* on that occasion had thrown the renowned knight, Dr. B. Dowler, from the saddle, and that he and his whole command were in captivity. The ground taken by Dr. Ely, was the same as that I had anticipated, viz., that tying the trachea would not kill an alligator, and that the one which was brought to life by insufflation, as related in my first communication, would have come to life at any rate if we had waited a little longer. The experiment of the 6th of May, above alluded to, where holes had been cut in the air-passages, below the ligature, was ingeniously brought forward to strengthen the position assumed, forgetting to mention the apertures for the ingress of oxygen and the egress of carbonic acid below the ligature. Although it is known to naturalists, that of the 12,000 species of fishes not one has any muscular organ answering to the left ventricle of mammals, the able professor so ingeniously worded his criticism as to lead the uninformed to believe that something like a muscular organ, corresponding to the left ventricle, actually exists in fishes to propel the arterial blood. He took no pains to show that the bulbus arteriosus was on the right side and not on the left—a mere appendage of the right and only ventricle fishes have got—and that there is no muscular organ at all to circulate the red blood. He very courteously admitted that the alligators I dissected on Lake Concordia may have had lymphatic hearts, but he is very positive that those of the Nile and the Mississippi have none, because the great Cuvier overlooked them. He, however, happened to overlook Cuvier's sixth volume of Comparative Anatomy, where the lymphatic hearts of the crocodile are particularly described.—(Pages 85 and 86. Anatomie Comparée, Paris, 1839.)

The dorsal vessel in insects has no arteries or veins. The blood, as in other creatures, cannot go to seek the air, because there are no blood-vessels to carry it to the air, but the air goes to seek the blood through innumerable small tubes called tracheæ, and gives it life and motion. But because the early entomologists happened to call the dorsal vessel a heart, and observed a flux and re-flux of the fluids contained in it, the able logician would make his verbal logic exclude the evidence of three millions of species of animals proving the truth of the doctrine that it is the air which gives life and motion to the blood. As to the objection raised to the publication of my papers in such a distant place as Boston, where alligators are not as well known as in New Orleans, and the data not so apt to be questioned, I will merely observe that I am not writing

for notoriety, which I had rather avoid by selecting the most distant place for the publication, where I am unknown or least known—promising, however, to prove the data if called in question. Natural History is the same science everywhere, and it is quite immaterial whether contributions to it be published in Boston or New Orleans.

144 *Canal st., New Orleans, July* 26, 1852.

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## METHOD OF FIXING LOOSE BODIES IN THE KNEE-JOINT.—OBSERVATIONS ON OPERATIONS FOR THEIR REMOVAL.

[Communicated for the Boston Medical and Surgical Journal.]

All surgical writers agree upon the necessity and difficulty of properly securing loose foreign bodies in the knee-joint, for the purpose of removing them. The following method is proposed, as one on which we can rely.

Having placed the loose body at the upper part of the synovial cavity, to the right or left of the tendons of the rectus and vasti muscles, let an assistant firmly grasp the lower end of the femur with both hands, having one thumb on the right and the other on the left side of the foreign body, with their extremities in contact below it; thus confining it in a triangular space, two sides of which are formed by the thumbs, the other and upper one being bounded by the capsular ligament. This arrangement, with due pressure, secures it effectually and without difficulty; gives the operator the use of both his hands; allows the incision to be made in the direction of the limb; and prevents the escape of synovia, and the admission of air or blood to the joint.

This method is proposed as being more frequently practicable than one suggested by a young gentleman who was the subject of an operation for the removal of a loose cartilage from the knee-joint; and successfully adopted in that case, a summary of which is here given.

The right knee was sprained six years previous to the operation, and for five years was subject to all the peculiar inconveniences attending a loose cartilage in the joint. At the time of the operation there was no inflammation. The patient, sitting in bed with the knee flexed, over pillows, at an angle of about 135 degrees, secured the cartilage, at the right side of the tendons of the extensor muscles, by placing his index fingers in the position described for placing the thumbs. For greater safety an assistant pressed, with his thumbs, on the fingers of the patient. The cartilage was readily removed by the *direct* incision. The wound was cleansed, and its edges brought in apposition, ere the pressure was removed. Adhesive plaster, dry lint and a bandage were applied. No evaporating lotion, at any time, was required or used. Diet plain. Medicine, sulph. magnesia ʒ ss. three days after the operation. The knee was kept at rest, in the partially flexed position, for two weeks. The wound healed, perfectly, by the first intention. The dimensions of the cartilage, which was of an oval form, were twelve, eight and four lines respectively.

*Observations.*—The direct incision is preferable to the valvular, or to

the subcutaneous method. The valvular renders the operation unnecessarily complicated, and is more likely to retain any contingent discharge, which, being forced into the joint, would produce serious, if not fatal, consequences. "This proceeding," observes Mr. Liston, "I practised, long ago, in some three or four instances; in the last the patient nearly lost his life, and with difficulty was enabled to preserve his limb." Mr. B. Cooper, of three operations by this method, was fortunately successful in the first; in the second the joint anchylosed, and in the third the patient died in consequence.

M. Goyrand's method is favorably noticed, theoretically, by many, yet it is more easily described than performed. Mr. Liston says, "it is very difficult of execution, and is likely enough to fail even in the hands of surgeons in the habit of performing many and trying operations. In the case of a young woman in the hospital, some years ago, I failed, most signally, in removing the foreign body from the joint. Since then, I have seen right to modify the proceeding, and have succeeded most perfectly and satisfactorily in four cases." The modification consists in again introducing the knife, at a right angle with the first incision, "so as to complete a pretty large *crucial* incision of the immediate coverings of the body to be removed." This modification, though it may facilitate the removal of the mass to its new bed, is doubly obnoxious to difficulties previously stated by him. "The fixing of the mass is often not an easy matter. It may, moreover, escape into the joint during the incisions." Nor will it lessen the danger of "diffuse infiltration, and the formation of matter around the mass in its new bed," as occurred in one of his cases after M. Goyrand's method, and must increase the danger of communication with the synovial cavity.

Sir B. Brodie operated repeatedly and solely by the direct incision. Of the subcutaneous method, he said, "I do not, myself, see why it should be preferable to the other; it is not the wound of the skin, but that of the synovial membrane, which makes the danger."

Position of the limb, after the operation, may be of even more importance than the mode of operating. It should be such as will favor union, by the first intention, of the wound in the synovial capsule. As the incision is made in the direction of the limb, the extended position, usually recommended, must tend to separate the edges of the wound, whereas the partially flexed position will naturally close the wound, and protect the synovial cavity from foreign invasion.

*East Boston, Mass., Aug.* 13, 1852. E. Bartlett, M.D.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 25, 1852.

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*The Mastodon Giganticus.*—John C. Warren, M.D., of this city, long distinguished as a surgical teacher and operator, in addition to his multitudinous labors, which increase instead of diminishing with his advancing

age, has produced a work on the gigantic Mastodon of North America, that will be a perpetual monument of his industry and scientific researches. We have rarely examined a more beautifully printed volume, from a home press. It is a quarto, illustrated by a variety of drawings, executed in a style of art that gives reliable information of the appearance of the osseous wrecks and ruins of a mighty race of animals, the epoch of whose extinction bids defiance to the scrutiny of the learned. Dr. Warren possesses rare advantages for conducting an inquiry into this obscure subject, from being the owner of a nearly perfect skeleton, and from a thorough familiarity with the bones in the cabinets of Europe, belonging to the varieties of the mastodon, which have there been preserved. Next, he possesses the requisite perseverance to accomplish the undertaking.

This is not precisely the place to discuss the merits of the book. We are certain, however, that it will be sought with avidity by the learned of all countries. He has eminently contributed to the stock of scientific knowledge, and his efforts will be cheerfully and gratefully appreciated wherever this evidence of his erudition may circulate over the globe.

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*Clinical Reports on Continued Fever.*—George H. Derby & Co., Buffalo, N. Y., have brought out an octavo of 390 pages, on a subject that cannot be otherwise than well received by the medical profession. Readers of the Buffalo Medical Journal are familiar with the contents of the book, as it first appeared in the pages of that work, a little at a time, extending through a period of three years. There is an advantage, however, in having the whole together. These reports are an analysis of one hundred and sixty-four cases, with observations on the treatment of continued fever; the identity of typhus and typhoid fever, &c., together with a memoir on the transportation and diffusion, by contagion, of *typhoid fever*. Austin Flint, M.D., of the Buffalo Medical College, and editor of the Buffalo Medical Journal, is the author. Of all obscure subjects, that of fever, in its varied aspects, is one of the most difficult to fathom in the whole range of medical literature. It has been written upon, till the catalogue of authors, alone, would make a respectable volume; and yet so little is known of the laws by which the disease is governed, that physicians have no settled mode of practice to be relied upon. Our ignorance is partly due to the circumstance that theories have been regarded with more favor than facts. If, from the beginning, a system of research had been instituted, and the schools had been contemplating actual phenomena, in all cases, instead of admiring ingenious theories, there would have been a different state of things in our day. But men of sterling powers are now concentrating their efforts, and interrogating nature herself, with the happiest prospects of success. Dr. Flint is one of that class of medical philosophers who take nothing on hear-say. He investigates for himself, and the treatise to which these remarks refer is one of the monuments that in after times will bear witness to his industry and genius.

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*Maculated Typhus.*—Dr. Upham's articles in the New York Journal of Medicine have taken the form of a neatly printed book, octavo size, illustrated with colored plates, exquisitely drawn. With sentiments honorable to the author, he has dedicated this instructive production to his friend and instructer, Charles H. Stedman, M.D., formerly surgeon to the Chelsea Marine Hospital. Of course it would be unfair towards our friend, Dr. Purple, to

republish any portion of the article, after the wide circulation given to it in his Journal. Whoever reads Dr. Upham attentively, will admit that he is a patient and thorough investigator. The suggestions in regard to treatment are urgently recommended to the young practitioners on the sea board, where cases of ship fever are most prevalent.

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*Hints to the People.* — Dr. Wood's little book — before spoken of — designed to exhibit, in a plain way to every body, what a physician should and should not be, maintains its popularity. The style is good, and the arguments conclusive. Western New York is a suitable ground for sowing such seed. There are a large number of irregulars for two or three hundred miles around Buffalo. But the book should be read everywhere.

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*Medical Expositor.*—Such is the title of a quarto sheet, published semimonthly, at Lowell, which seems to be so familiar with a variety of subjects quite foreign to medicine, that we do not precisely comprehend the object of the editor. It may have a very serviceable local influence; but without knowing what certain individuals have been doing to provoke the hostility of the editor, the pith of some of the paragraphs is quite incomprehensible. An uncompromising war is openly declared against quacks and quackery. If the name of the gentleman who conducts the Expositor were appended to the sheet, the medical public would be able to determine its credibility and its probable destiny.

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*Medical Properties of Gin.*—Some time since, an apparently sensible paper was sent over the country, exposing the cheats practised by spirit dealers in New York. It was a serious matter for contemplation, that habitual rum, brandy, whiskey and gin drinkers, were drugging themselves with a spurious article. Were their livers inflamed and their stomachs destroyed by genuine liquors, nobody would have been to blame, because a breaking up of the constitution, and a destruction of the brain if the tippler ever had one, was to be expected, in a legitimate way, at a proper period; but to suffer all this from the effects of counterfeits, was enough to rouse the indignation of all free, independent citizens. The author of that alarming notice has issued another circular, in which are set forth the curative properties of good old Holland gin, fresh from his manufactory at Schiedam. Why, it is a perfect wonder, as a remedy, in dropsy, gravel, and forty more equally terrific maladies that have so long bid absolute defiance to ordinary medication. It is surprising how good it is. We really fear that these diseases will be sadly on the increase, when the long concealed virtues of genuine gin are fairly made known. Mr. Wolfe has personally addressed members of the profession—certainly he has us—urging upon their special attention "*My Aromatic Schiedam Schnapps!*" Society is advancing.

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*Stone's Artificial Legs.*—An old proverb says that no one knows where the shoe pinches so well as the person who wears it. Who, likewise, can estimate the excellences or imperfections of a wooden leg like him who has one on? Mr. Stone, as well as Mr. Palmer, wears a leg of his own manufacture—and both being admirable artists, if they have poor legs there

is nobody to blame but themselves. A week or two since, we had occasion to speak, as oftentimes before, of the beauty of Mr. Palmer's workmanship; and as to his success, the press on two continents has heralded his fame. Mr. Stone, of Boston, evinces the same kind of ingenuity for which Mr. Palmer is celebrated, and is eminently successful in imitating nature, in the motion of the knee and ankle-joints. One of his models was opened at the calf, the other day, to show how the spiral springs and a certain lever were secured, and we are free to say that it was not only a curiosity in the way of packing, but something more—it was a marvel that willow wood, steel and leather, could be put together in a manner so much to resemble a living limb. Mr. Stone believes he has accomplished a desideratum in the construction of the ankle, the exact character of which we cannot clearly explain, although he can himself. We wish him that encouragement which is due to misfortune, ingenuity and integrity.

It is something of a satisfaction to know that these gentlemen, who are without competitors in their way—conduct the business in the U. States. If it is not true that bandy-legged gentlemen are having their old supporters amputated for the pleasure of wearing artificial ones of better shape, from the manufactory of these gentlemen, it is pretty certain that the superiority of the limbs made by either of them over those which have been heretofore in use, is beyond contradiction.

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*Syphilis.* — Medical practititioners will find, in the letters of M. Ricord, an amount of information on the disease of which they treat, worthy of special consideration. Dr. Slade translates with great accuracy, and is conferring a favor on the profession which they will doubtless readily acknowledge.

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*Pennsylvania College.*—From the catalogue attached to the circular, it appears the class was a large one the last season. There is a fascination in and about Philadelphia, that draws in medical students like a maelstrom. The more colleges they have, the more are needed to accommodate the influx there of young gentlemen in pursuit of medical instruction.

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*Rush Medical College.*—A full course of lectures actually costs but $25 in this institution — which is next to nothing at all — and the circular is particular to mention the fact that the matriculation ticket is *free.* A movement is making in regard to the tax upon students of from three to five dollars, under the name of *matriculation ticket.* It will soon be broken up. The faculty of schools have just as much right to present a bill for the use of the seats on which the young gentlemen sit during the term. Students pay for a course of lectures, and it seems to us there should be no claim upon them for any thing more.

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*Starling Medical College.*—Preparations are actively pursued to put the new building for this college in excellent condition by the first day of November. It is not material to know exactly how many lecture-giving medical institutions there are in Ohio, since it is well established that the Starling, at Columbus, is equal to the best of them. Last season forty-eight students were graduated.

*Remarkable Case of Precocity.—Menstruation occurring at four years of age.* By CHAS. R. KEMPER, M.D., WOODVILLE, Va.—A servant girl, owned at this time by Mr. C. M. W. of our village, is the subject of a precocious development of the female reproductive organs and appearance of the menses. The development of the genital system in this girl, from a year old, was noticed to progress rapidly, till she attained her third year, when an increased size of the mammary glands was first observed, and, shortly after, there appeared the usual growth of hair on the pubes. When she was four years and one month old, her catamenia made their first appearance, and have continued regularly to return up to this date. She is now just entering her thirteenth year.

The development of the brain seems not to have kept pace with the physical growth, but she is possessed of a degree of intelligence usual for her age. She is much larger than an older sister, and has the appearance, from the breadth of the chest and pelvis, to be a fully developed *woman.—Ib.*

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*Medical Miscellany.* — In the public schools of Natchez, the past year, ending in July, the deaths were only 3 out of 619, or one in two hundred and six, being less than one half of one per cent. Including the Institute, the number of children was 1,020. Natchez has been misrepresented, therefore, or its sanitary system has improved the public health.—John Moore, a revolutionary soldier, died at Memphis, Tenn., on the 30th of July, aged 101 years.—Cholera is making some advances in different parts of Europe. In Prussia, the disease was particularly fatal.—A child died in South Boston, last week, from the effects of wounds inflicted by rats, some time ago.—A little girl in Morgan Co., Virginia, was bitten in the neck by a rattlesnake, and died immediately.—A bill has been passed in the U. S. House of Representatives, granting public lands for the erection of hospitals, by the States, for the indigent insane.—A Michigan Journal asserts that there are 50,000 medical practitioners in this country.

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TO CORRESPONDENTS.—The continuation of the papers of Drs. Slade and Coale have been received; also communications from Dr. Sanborn, of Lowell; Dr. Adams, of Hallowell, Me.; Dr. Kelley, of Esperance, N. Y.; Dr. Magoun, of Natchez, Mi.; Cato, of Philadelphia; and L. C., of Boston. Documents relating to the unpleasant affair of the Obstetrical Report at last year's meeting of the American Medical Association, have likewise come to hand. We doubt the expediency of having this matter again spread before the profession, and hope the author will so far agree with us as either to suppress them, or present them to the public in some other way.—The queries respecting the proper remedy in cases of eating friction matches, may be briefly answered by saying that for poisoning by phosphorus, of which they are composed, no specific is known. An emetic should be promptly given; afterwards copious draughts, with magnesia in suspension, mucilaginous drinks, &c.—An inquirer is informed that the "cabalistic" initials M. R. C. S. E. stand for "Member of the Royal College of Surgeons, Edinburgh," and M. R. C. S. L. the same College of London. Sometimes an individual belongs to both Colleges, when the proper title is M. R. C. S. L. & E. The Mass. Med. Society has always had a latin title for its members—thus, M. M. S. S.—the three first letters designating the name of the society, and the last, *socius*, or fellow.

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DEATHS.—Dr. Styles, of Claiborne, Miss., took strychnine, by mistake for quinine, and died in a few minutes.—At Frieburgh, in the Grand Dutchy of Baden, Baron George Frederick de Lunsdorf, a celebrated traveller and botanist, aged 77.

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*Deaths in Boston*—for the week ending Saturday noon, August 21. 84.—Males, 43—females, 41
Apoplexy, 2—disease of bowels, 1—inflammation of bowels, 5—inflammation of brain, 1—consumption, 10—convulsions, 2—cholera infantum, 4—cholera morbus, 1—cancer, 1—croup, 2—dysentery, 8—diarrhœa, 6—dropsy of brain, 4—drowned, 2—typhoid fever, 1—scarlet fever, 8—hooping cough, 2—infantile, 4—inflammation of lungs, 3—marasmus, 5—old age, 1—puerperal, 1—rheumatism, 2—teething, 5—thrush, 1—unknown, 2.

Under 5 years, 49—between 5 and 20 years, 8—between 20 and 40 years, 14—between 40 and 60 years, 6—over 60 years, 7. Americans, 29; foreigners and children of foreigners, 55. The above includes 10 deaths at the City institutions.

*Doctors' Tax.*—We have received an official copy of resolutions passed by a full meeting of the physicians of Northumberland county, protesting against the tax on doctors' licenses. But believing that there was a misconstruction of the law, we will take the precaution, suggested by the secretary, of submitting the matter to the attorney general, before we publish them.

We fully concur with those who think that "the powers that be" have no abstract right to tax the profession without recognizing or protecting it. It is by law and by usage a *trade*, and should be on the footing of such in the tax bill; then why tax the calling of doctors, and exempt that of carpenters, blacksmiths, etc.?

This is a grievance incident to the present condition of our profession, and, together with innumerable others, cannot be remedied till we reform our ranks, organize ourselves, and show that we are worthy of consideration, at least as a class. Let the laws recognize and protect us, and we will not grudge a heavy class tax. But this it will never do, so long as each individual "saw-bone" mopes about like a superannuated granny, utterly careless of all but his pittance fees and the poor puny bubble of reputation in his neighborhood. Let every man worthy of the appellation of *doctor*, put his shoulder to the wheel, and we shall soon be disenthralled and enfranchised. Let the watchwords be, *organization* and *reform*.—*(Virg.) Stethoscope.*

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*Manganese.*—Some attention has lately been given, in France, to a variety of preparations of manganese. Manganese is commonly found associated with iron in minute quantities. It appears to be an invariable constituent of the blood, and in certain diseases, in which the iron, normally contained in that fluid, is deficient, the manganese would seem to be deficient in similar proportion. It is said that the preparations of manganese, given in connection with those of iron, in such diseases, produce effects which cannot be obtained from iron alone. Various formulæ have been offered for its administration. Commonly similar salts of the two articles, as the sulphate, lactate, carbonate, &c., are given together, the manganese being to the iron in the proportion of from $\frac{1}{2}$ to $\frac{1}{3}$. The subject would seem to deserve further inquiry.—*N. Y. Journal of Pharmacy.*

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BOYLSTON MEDICAL PRIZE QUESTIONS.

THE BOYLSTON MEDICAL PRIZE COMMITTEE, APPOINTED BY THE CORPORATION OF Harvard College, consists of the following Physicians:—

JOHN C. WARREN, M.D. GEORGE SHATTUCK, M.D. WALTER CHANNING, M.D. J. MASON WARREN, M.D. EDWARD REYNOLDS, M.D. SOLOMON TOWNSEND, M.D. J. B. S. Jackson, M.D. D. H. STORER, M.D. and JOHN JEFFRIES, M.D., Secretary.

At the annual meeting held August 4, 1852, it was found that no dissertation had been offered on the first subject, viz.: "On the diseases of the Prostate Gland."

A prize of sixty dollars, or a gold medal of that value, was awarded to Waldo S. Burnett, M.D., of Boston, Mass., for the best dissertation on the 2d subject, viz.: "Original researches with the Microscope, illustrative of Anatomy, Physiology, or Pathology."

The subjects for 1853 are—

1. On Paracentesis in Pleurisy and other diseases followed by effusions into the cavity of the Thorax.
2. On the use of Cod-Liver Oil in Phthisis and other diseases of nutrition.

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D., Boston, on or before the first Wednesday in April, 1853.

The following subjects are proposed for the year 1854, viz.:

1. On the constitutional treatment of Syphilis.
2. On the non-malignant diseases of the Uterus.

Dissertations on these subjects must be transmitted, as above, on or before the first Wednesday in April, 1854.

The author of the best dissertation, considered worthy of a prize, on either of the above subjects, will be entitled to a premium of sixty dollars or a gold medal of that value at his option.

Each dissertation must be accompanied by a sealed packet on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish, annually, the following votes, viz.:—

1. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.
2. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

JOHN JEFFRIES, Secretary.

Boston, August 5, 1852. Aug. 18—6tf